

CASPER MUNICIPAL GOLF COURSE

JUNIOR GOLF REGISTRATION FORM

REGISTRATION IS OPEN

LESSON FEE: \$50.00/STUDENT

TUESDAYS

JUNE: 11,18,25

JULY: 2,16,23

OPTIONAL **"PIZZA PARTY-FUN DAY" JULY 30th** (EVERYONE STARTING AT 10 AM)

SESSION FEE: \$50.00

LESSON TIME OPTIONS:

☐ 8:00 AM - 9:00 AM

• WE WILL ENROLL NO MORE THAN 30 STUDENTS PER CLASS.

☐ 9:15 AM - 10:15 AM

• AGES 7 TO 15

☐ 10:30 AM – 11:30 AM

• EACH WEEK STUDENTS WILL BE SPLIT INTO GROUPS OF APPROX. 4-8 STUDENTS PER INSTRUCTOR.

GROUP DESCRIPTION:

GROUP 1: DRIVING RANGE- FULL SWING (GRIP-AIM-SETUP)

GROUP 2: PUTTING GREEN- PUTTING (FUNDAMENTALS)

GROUP 3: PRACTICE GREEN- CHIPPING AND PITCHING

GROUP 4: ON COURSE (PLAY APPROX. 3 HOLES WITH INSTRUCTOR): RULES AND ETIQUETTE.

IN ORDER TO MAINTAIN STUDENTS FULL ATTENTION, WE KINDLY ASK PARENTS NOT TO ATTEND REGULAR LESSON DAYS. THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION.

AMOUNT PAID _____ PAYMENT TYPE _____ DATE _____ TIME CHOSEN _____ STAFF INITIALS _____

CITY OF CASPER LEISURE SERVICES REGISTRATION FORM

LAST NAME: _____ CHILD FIRST NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: (CELL) _____ EMAIL _____ EMERGENCY CONTACT _____

STUDENT BIRTH DATE: _____ LESSON TIME CHOSEN: _____ SHIRT SIZE: YM YL AS AM AL

IN REGISTERING FOR THIS ACTIVITY, I AGREE TO ABIDE BY THE RULES OF THE FACILITY. I UNDERSTAND THAT THE CITY OF CASPER DOES NOT CARRY INSURANCE FOR THE PARTICIPANTS IN RECREATION PROGRAMS. I ALSO AGREE TO RELEASE THE CITY OF CASPER, THE SUPERVISOR OR OTHER CITY REPRESENTATIVES, FROM ANY AND ALL RESPONSIBILITY FOR DAMAGES OR INJURIES THAT MIGHT OCCUR DURING PARTICIPATION.

PRINT NAME (PARENT) _____

SIGNATURE OF PARTICIPANT/PARENT _____

DATE _____

PLEASE MAKE ALL CHECKS PAYABLE TO GARY MARSH